



Cardiac Clinic



NCNE is pleased to sponsor a cardiac clinic. A Board Certified Cardiologist from New England Veterinary Consultants will be on hand on Tuesday to perform OFA Heart Clearances by auscultation.

There will also be a Doppler available should additional testing be required. Fees will be payable at the time of the additional testing. Appointments must be made and paid for in advance. There will be NO refunds. To make your appointment please fill out the form below. The deadline is March 21st. If we do not reach the minimum required the clinic will be opened to other breeds.

Cardiac Clinic Registration Form

DEADLINE: March 21, 2008

Mail to: Susan Carbone, P.O. Box 434, Turner, ME 04282

For more information: Kim Boyle, 178 Eaton Road, Swanzey, NH 03446 Email: whnewfs@ne.rr.com

Please fill out a separate form for each dog. Payment in full must accompany all registrations. There will be NO REFUNDS. It is your responsibility to keep your appointment. If further testing is required (Doppler) payment must be made at the time of the additional testing. Cost is \$35.00 per dog for auscultation. Should additional testing be required there will be a fee of \$195.00 for a doppler.

Dog's Registered Name _____ Tattoo/Microchip Number _____

AKC Registration # _____ Call Name _____ Birth Date _____ Sex _____

Sire AKC # _____ Dam AKC # _____

Owner's Name _____ Email _____

Address _____

City, State, Zip _____

Best number to reach you _____

Agreement: I hereby assume the sole responsibility for and agree to hold the Newfoundland Club of New England, the Newfoundland Club of America, their Boards of Directors and Health Clinic personnel harmless from any and all losses and expenses resulting from, or arising out of, or in consequence of my participation in this program.

Signature _____ Date _____

Submitting multiple payments? To write one check/credit card authorization use the order summary form.

METHOD OF PAYMENT

enclosed check (US funds) payable to NCNE 08 OR credit card indicated: MasterCard Visa Discover

Please note the credit card transaction will appear on your statement as: NEWF NATIONAL 08

Name on Card (PLEASE PRINT) _____ Card # _____

Expiration Date _____ Signature _____

Please note: Postdated checks cannot be accepted. All returned checks, including postdated checks not honored will be charged a \$35 service fee. Credit card purchases not honored for the full amount will be charged up to \$35 service fee as assessed by our processing company.